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CONFIRMATION NO. 7617

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/607,598	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 4239-66190
<b>APPLICANTS</b> Roland Martin, Bethesda, MD; Henry McFarland, Gaithersburg, MD; Bibiana Bielekova, Kensington, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/393,021 06/28/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/25/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 31 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 36218				
<b>TITLE</b> METHOD FOR THE TREATMENT OF MULTIPLE SCLEROSIS				
<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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